

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:07

DOCUMENT # **N29649** (3)

1. Corporation Name

**FRIENDS OF TAMPA RECREATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>W DONALD SALTZMAN 1420 N. TAMPA STREET TAMPA FL 33602</b>	Mailing Address <b>W DONALD SALTZMAN 1420 N. TAMPA STREET TAMPA FL 33602</b>
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3. Date Incorporated or Qualified <b>12/12/1988</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-2920852</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**SALTZMAN, DONALD  
1420 N. TAMPA STREET  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>
NAME	<b>SCHECT, NEAL</b>
STREET ADDRESS	<b>101 E. KENNEDY BLVD.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>ABRAHAMS, JOE</b>
STREET ADDRESS	<b>306 E. JACKSON STREET</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>DP</b>
NAME	<b>GOLD, HERB</b>
STREET ADDRESS	<b>2413 BAYSHORE BLVD. #170</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>DT</b>
NAME	<b>LENKER, MARK</b>
STREET ADDRESS	<b>324 S HYDE PARK AVE 230</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>DV</b>
NAME	<b>SHIMBERG, ROBERT</b>
STREET ADDRESS	<b>BARNETT PLAZA, #2700</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>DS</b>
NAME	<b>WAXSMAN, KAREN B.</b>
STREET ADDRESS	<b>13723 ATTLEY PLACE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<b>Tampa, FL 33629</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<b>Tampa, FL 33602</b>
31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<b>Tampa, FL 33609</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<b>Tampa, FL 33606</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>DV</b>
53 STREET ADDRESS	<b>Carver, Chuck</b>
54 CITY - ST - ZIP	<b>102 E. Kennedy Blvd.</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>DV</b>
63 STREET ADDRESS	<b>Bell, Jeffrey</b>
64 CITY - ST - ZIP	<b>8911 Timberknoll Dr.</b>
	<b>Valrico, FL 33594</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark N. Lenker, Jr. **Mark N. Lenker, Jr.** 5/17/95 **(813) 251-5009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #